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RUEHPH/CDC ATLANTA GA
RUEHLMC/MILLENNIUM CHALLENGE CORPORATION WASHINGTON DC
RUEAUSA/DEPT OF HHS WASHINGTON DC

UNCLAS GEORGETOWN 000153

SIPDIS

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TAGS: [AEMR](#) [CASC](#) [CMGT](#)

SUBJECT: ER Medical Team Cancels CWC Support Trip to Guyana

¶1. The serious lack of adequate medical facilities, equipment and trained medical staff in Guyana, especially for emergency care, is one of Post's greatest concerns as crisis management preparations are made for the upcoming Cricket World Cup (CWC) matches. A severe nursing shortage across Guyana (most nurses emigrate soon after finishing nursing school), means that medical facilities usually operate with only a skeleton staff of overworked nurses. Ambulance service is substandard, limited to transportation without any medical care, and frequently not available for emergencies.

¶2. The best-equipped emergency room is at the Georgetown Public Hospital (GPHC), whose staff and facilities are extremely limited. On a recent visit by consular staff to the ER, the doctor manning the ER stated that he was a recent graduate from the University of Guyana's undergraduate medical sciences program. Not required to complete a graduate degree or a residency, he started working at the hospital soon after graduation. He confirmed that the ER frequently operated only with one or two nurses and a quick look at the waiting room showed numerous patients waiting for attention. Equipment in the ER is basic. Any emergency during the CWC involving serious injuries or multiple patients would clearly overburden the ER. The ER sees essentially all trauma in Guyana which includes numerous car crash victims, gunshot wounds and stabbings; these patients combined with other acute care needs frequently overwhelm capacity in terms of beds, ventilators, oxygen dispensing systems, and operating room space under normal conditions. Blood is often unavailable or available only after long delays.

¶3. Recognizing the severe lack of medical personnel and equipment, Vanderbilt University (which has had a project with the GPHC ER since 2002 to improve emergency medicine) planned to bring 38 physicians, nurses, and paramedics to augment the GPHC ER staffing during the CWC. The team had planned on creating a special emergency department that would be tasked with handling any casualties among international visitors in particular. The team had been working with the Ministry of Health to obtain funding for transportation and housing and the Minister of Health had reportedly been scrambling to secure this for the team, recognizing the importance of the initiative. The embassy had been counting on this spectacular resource while making disaster and contingency plans for the CWC.

¶4. Unfortunately, after months of planning, the Vanderbilt team has been notified that the funding from MOH has fallen through. While the team is still trying to find third party funding, and the embassy has offered the team any assistance possible in working with MOH or other entities to press for funding,

they are not optimistic that they will be able to do so at this late date. The embassy is adjusting disaster plans to include the fact that only basic medical care will be available to the thousands of visitors expected for CWC.

ROBINSON